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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/STEPHEN THOMAS KAPUSHOC/ Examiner's Signature	Initials	AUSTRALIA	2	27	5

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TITLE

Diagnostic method for neonatal or infantile epilepsy syndromes

FILING FEE RECEIVED 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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